



PATENT
IN THE UNITED STATES PATENT OFFICE

Applicants: Jonathan B. Ballagh et al.
Assignee: Xilinx, Inc.
Title: "Co-Simulation Via Boundary Scan Interface"
Serial No.: 10/600,885 File Date: 06/19/2003
Examiner: Kandasamy Thangavelu Art Unit: 2123
Docket No.: X-1408 US Conf. No.: 5917

Mail Stop AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Dear Sir:

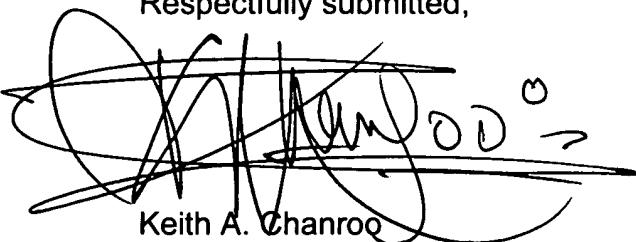
Pursuant to 37 C.F.R. 1.56, Applicants bring to the attention of the Examiner the one (1) reference listed in the attached Substitute for Form 1449A/PTO.

The enclosed reference is being cited after the receipt of a first office action but prior to any final action.

Citation of the above document shall not be construed as an admission that the document is necessarily prior art with respect to the instant invention. Citation of the above document shall not be construed as a representation that a search has been made other than as described above. Also, the citation of the above document shall not be construed as an admission that the information cited herein is, or is considered to be, material to patentability as defined in §1.56(b).

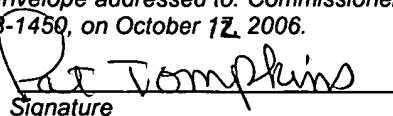
The Commissioner is hereby authorized to charge the fee of \$180.00 due under 1.17(p) and any additional fees, or credit any overpayment which may be required to Deposit Account No. 24-0040.

Respectfully submitted,


Keith A. Chanroo
Attorney for Applicants
Reg. No. 36,480

I hereby certify that this correspondence is being deposited with the United States Postal Service as **first class mail** in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on October 17, 2006.

Pat Tompkins
Name


Signature

KAC:pat

10/16/2006 NNGUYEN 08000049 10600085
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Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheep

1

6

DISCLOSURE APPLICANT (if necessary) 1	<i>Complete if Known</i>		
	Application / Conf. No.	/	10/600,885 / 5917
	Filing Date	June 19, 2003	
	First Named Inventor	Jonathan B. Ballagh	
	Art Unit	2123	
	Examiner Name	Kandasamy Thangavelu	
	Attorney Docket Number		
	X-1408 US		

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² See Kinds of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.



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PTO/SB/17 (10-02)

Approved for use through 10-31-2002, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known

Application / Conf. No.	10/600,885	/ 2123
Filing Date	June 19, 2003	
First Named Inventor	Jonathan B. Ballagh	
Examiner Name	Kandasamy Thangavelu	
Art Unit		
Attorney Docket No.	X-1408 US	

METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:

Deposit Account

Deposit Account Number

24-0040

Deposit Account Name

XILINX, INC.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1812	2,520	For filing a request for ex parte reexamination	
1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	Extension for reply within first month	
1252	450	Extension for reply within second month	
1253	1020	Extension for reply within third month	
1254	1,530	Extension for reply within fourth month	
1255	2,080	Extension for reply within fifth month	
1401	500	Notice of Appeal	
1402	500	Filing a brief in support of an appeal	
1403	1000	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	110	Petition to revive - unavoidable	
1453	1,500	Petition to revive - unintentional	
1501	1,400	Utility issue fee (or reissue)	
1460	130	Petitions to the Commissioner	
1807	50	Petitions related to provisional applications	
1806	180	Submission of Information Disclosure Stmt	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	Request for Continued Examination (RCE)	
Other fee (specify) _____			

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Paid Code	Fee (\$)	Fee Description	Fee
1001	770	Utility filing fee	
1002	330	Design filing fee	
1003	510	Plant filing fee	
1004	790	Reissue filing fee	
105	160	Provisional filing fee	
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra	Fee from below	Fee Paid
Indep. Claims	- 3** =			
Multiple Dependent Claims				

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Fee (\$)	Fee Description
1202	18	Claims in excess of 20
1201	86	Independent claims in excess of 3
1203	290	Multiple dependent claim, if not paid
1204	86	**Reissue independent claims over original patent
1205	18	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 180.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Keith A. Chanroo	Registration No. (Attorney/Agent)	36,480	Telephone	408-879-7710
Signature				Date	10-12-2006

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.